FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2017

FOR OFFICE USE ONLY:
FLORIDA COMMISSION ON ETHICS
JUN 18 2018
RECEIVED

**********AUTO**MIXED AADC 323 T6 P1 84 915
Hon Daniel Perez
State Representative
House Of Representatives
Elected Constitutional Officer
8720 SW 84th St
Miami, FL 33173-4144

PROCESSED

ID Code
ID No. 271464
Conf. Code
Perez, Daniel

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of May 31, 20 18 was $ 420,210.15.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 25,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See attached Statement 1	$911,142.99
	$936,142.99

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See attached Statement 2	$482,261.65
	$482,261.65

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	N/A

PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☑ I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
N/A	N/A	N/A

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A	N/A	N/A

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A	N/A	N/A
ADDRESS OF BUSINESS ENTITY	N/A	N/A	N/A
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A	N/A
POSITION HELD WITH ENTITY	N/A	N/A	N/A
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	N/A	N/A
NATURE OF MY OWNERSHIP INTEREST	N/A	N/A	N/A

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF MIAMI DADE

Sworn to (or affirmed) and subscribed before me this 8TH day of JUNE, 2018 by DANIEL PEREZ.

(Signature of Notary Public--State of Florida)

MARIA LORENZO
(Print, Type, or Stamp Commissioned Name of Notary Public)

Maria Lorenzo
Commission # GG 186882
Expires: June 11, 2022
Bonded thru Aaron Notary

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced _____

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, Anthony Fiore, CPA, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

6/8/2018
Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☑ I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
N/A	N/A	N/A

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A	N/A	N/A

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A	N/A	N/A
ADDRESS OF BUSINESS ENTITY	N/A	N/A	N/A
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A	N/A
POSITION HELD WITH ENTITY	N/A	N/A	N/A
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	N/A	N/A
NATURE OF MY OWNERSHIP INTEREST	N/A	N/A	N/A

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF MIAMI DADE

Sworn to (or affirmed) and subscribed before me this 8TH day of JUNE, 2018 by DANIEL PEREZ.

(Signature of Notary Public--State of Florida)

MARIA LORENZO
(Print, Type, or Stamp Commissioned Name of Notary Public)

Maria Lorenzo
Commission # GG 198882
Expires: June 11, 2022
Bonded thru Aaron Notary

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced _____

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, Anthony Fiore, CPA, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

6/8/2018
Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

Daniel Anthony Perez
Form 6 - 2017
Full and Public Disclosure of Financal Interests Attachment

Statement 1 - Assets Individually Valued at Over $1,000

Description of Asset	Value of Asset
Cash - Chase Bank	3,897.54
IRA Retirement Account - AXA Advisors - Blackrock Global Alloc Investor CL A	5,100.85
Personal Residence - 8720 SW 84th St., Miami, FL 33173	900,000.00
NorthWestern Mutual Cash Surrender Value - Life Insurance	2,144.60
Total Assets	911,142.99

Statement 2 - Liabilities in Excess of $1,000

Name and Address of Creditor	Amout of Liability
Mortgage on Personal Home - Regions Mortgage Corp. Residential Lending 2800 Ponce De Leon, 10th Floor, Coral Gable, FL 33134	354,525.80
Student Loan - Department of Eucation Fedloan Servicing P.O. Box 530210, Atlanta, GA 30353	127,735.85
Total Liabilities	482,261.65

Form **1040** U.S. Individual Income Tax Return (99) **2017** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 See separate instructions.

Your first name and initial	Last name	Your social security number
DANIEL A.	PEREZ	
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
STEPHANIE A.	NICOLAS	

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
8720 SW 84 STREET

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.
MIAMI, FL 33173

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

Filing Status Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) (see instructions)

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☒ **Spouse**

Boxes checked on 6a and 6b: 2

c Dependents: (1) First name / Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit

No. of children on 6c who:
- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

If more than four dependents, see instructions and check here ▶ ☐

Add numbers on lines above ▶ 2

d Total number of exemptions claimed 2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2 STMT 3		7	224,750.
8a	**Taxable** interest. Attach Schedule B if required		8a	
b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	
b	Qualified dividends	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes		10	
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	0.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions 15a	b Taxable amount	15b	
16a	Pensions and annuities 16a	b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits 20a	b Taxable amount	20b	
21	Other income. List type and amount		21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	224,750.

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32	1,200.	
33	Student loan interest deduction STMT 2	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35		36	1,200.
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	223,550.

710001 02-22-18

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	223,550.
Standard Deduction for - • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,350; Married filing jointly or Qualifying widow(er), $12,700; Head of household, $9,350	39a	Check if: ☐ You were born before January 2, 1953, ☐ Blind. ☐ Spouse was born before January 2, 1953, ☐ Blind. Total boxes checked ▶ 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐		
	40	**Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin)	40	28,952.
	41	Subtract line 40 from line 38	41	194,598.
	42	**Exemptions.** If line 38 is $156,900 or less, multiply $4,050 by the number on line 6d. Otherwise, see inst.	42	8,100.
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	186,498.
	44	**Tax.** Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	39,104.
	45	**Alternative minimum tax.** Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46 ▶	47	39,104.
	48	Foreign tax credit. Attach Form 1116 if required		
	49	Credit for child and dependent care expenses. Attach Form 2441		
	50	Education credits from Form 8863, line 19		
	51	Retirement savings contributions credit. Attach Form 8880		
	52	Child tax credit. Attach Schedule 8812, if required		
	53	Residential energy credits. Attach Form 5695		
	54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐		
	55	Add lines 48 through 54. These are your **total credits**	55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56	39,104.
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: Individual responsibility (see instructions) Full-year coverage ☐	61	816.
	62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Inst.; enter code(s)	62	
	63	Add lines 56 through 62. This is your **total tax** ▶	63	39,920.
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	44,047.
	65	2017 estimated tax payments and amount applied from 2016 return	65	
If you have a qualifying child, attach Schedule EIC.	66a	**Earned income credit (EIC)**	66a	
	b	Nontaxable combat pay election 66b		
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
	73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶	74	44,047.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**	75	4,127.
	76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	76a	4,127.
Direct deposit? See instructions.	b	Routing number ▶ c Type: ☒ Checking ☐ Savings ▶ d Account number		
	77	Amount of line 75 you want **applied to your 2018 estimated tax** ▶ 77		
Amount You Owe	78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
	79	Estimated tax penalty (see instructions) 79		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☐ No

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		ATTORNEY	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here
		PHARMACIST	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Phone no.

Firm's address ▶

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on Form 1040

Itemized Deductions

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.

▶ Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017

Attachment Sequence No. 07

Your social security number

DANIEL A. PEREZ & STEPHANIE A. NICOLAS

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040, line 38 [2]			
	3	Multiply line 2 by 7.5% (0.075)	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
Taxes You Paid	5	State and local (**check only one box**): a ☐ Income taxes, or b ☒ General sales taxes	5	8,843.	
	6	Real estate taxes (see instructions)	6	6,694.	
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ▶	8		
	9	Add lines 5 through 8		9	15,537.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	13,100.	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11		
Note: Your mortgage interest deduction may be limited (see instructions).	12	Points not reported to you on Form 1098. See instructions for special rules	12		
	13	Mortgage insurance premiums (see instructions)	13		
	14	Investment interest. Attach Form 4952 if required. See instructions	14		
	15	Add lines 10 through 14		15	13,100.
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	16	Gifts by cash or check. If you made any gift of $250 or more, see instructions	16	315.	
	17	Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	17		STMT 4
	18	Carryover from prior year	18		
	19	Add lines 16 through 18		19	315.
Casualty and Theft Losses	20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions		20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶	21		
	22	Tax preparation fees	22		
	23	Other expenses - investment, safe deposit box, etc. List type and amount ▶	23		
	24	Add lines 21 through 23	24		
	25	Enter amount from Form 1040, line 38 [25]			
	26	Multiply line 25 by 2% (0.02)	26		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	
Other Miscellaneous Deductions	28	Other - from list in instructions. List type and amount ▶		28	
Total Itemized Deductions	29	Is Form 1040, line 38, over $156,900? ☒ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. ☐ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		29	28,952.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐			

SCHEDULE C (Form 1040)
Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2017
Attachment Sequence No. 09

Name of proprietor: DANIEL A. PEREZ

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): DANIEL PEREZ FLORIDA STATE CAMPAIGN - NON TAXABLE INCOM

B Enter code from instructions ▶

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶
City, town or post office, state, and ZIP code

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses [X] Yes [ ] No

H If you started or acquired this business during 2017, check here ▶ [ ]

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked STATEMENT 5 ▶ [ ]	1	4,500.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	4,500.
4	Cost of goods sold (from line 42)	4	4,500.
5	**Gross profit.** Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	0.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	0.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	0.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs SEE STATEMENT 6	39	4,500.
40	Add lines 35 through 39	40	4,500.
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	4,500.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business _____ b Commuting _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47 a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

48	**Total other expenses.** Enter here and on line 27a	48	

DANIEL A. PEREZ & STEPHANIE A. NICOLAS

FORM 1040 ALLOWABLE IRA DEDUCTION STATEMENT 1

	TAXPAYER AMOUNT	SPOUSE AMOUNT
TOTAL IRA DEDUCTIONS TO FORM 1040, LINE 32	1,200.	

DANIEL A. PEREZ & STEPHANIE A. NICOLAS

FORM 1040	STUDENT LOAN INTEREST DEDUCTION	STATEMENT 2
1.	ENTER THE TOTAL INTEREST PAID IN 2017 ON QUALIFIED STUDENT LOANS. DON'T ENTER MORE THAN $2,500	2,500.
2.	ENTER THE AMOUNT FROM FORM 1040, LINE 22	224,750.
3.	ENTER THE TOTAL OF THE AMOUNTS FROM FORM 1040, LINES 23 THROUGH 32 PLUS ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO LINE 36	1,200.
4.	SUBTRACT LINE 3 FROM LINE 2	223,550.
5.	ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS. * SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)-$65,000 * MARRIED FILING JOINTLY-$135,000	135,000.
6.	IS THE AMOUNT ON LINE 4 MORE THAN THE AMOUNT ON LINE 5? [ ] NO. SKIP LINES 6 AND 7, ENTER -0- ON LINE 8, AND GO TO LINE 9 [X] YES. SUBTRACT LINE 5 FROM LINE 4	88,550.
7.	DIVIDE LINE 6 BY $15,000 ($30,000 IF MARRIED FILING JOINTLY). ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES). IF THE RESULT IS 1.000 OR MORE, ENTER 1.000	1.000
8.	MULTIPLY LINE 1 BY LINE 7	2,500.
9.	STUDENT LOAN INTEREST DEDUCTION. SUBTRACT LINE 8 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1040, LINE 33	0.

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 3

T S	EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T	COLE SCOTT & KISSANE PA	99,723.	20,057.			6,183.	1,446.
T	STATE OF FLORIDA	7,373.	868.			472.	110.
S	REGIS HR GROUP 5 INC	113,696.	22,306.			7,049.	1,649.
S	PUBLIX SUPER MARKETS INC	3,958.	816.			245.	57.
TOTALS		224,750.	44,047.			13,949.	3,262.

DANIEL A. PEREZ & STEPHANIE A. NICOLAS

SCHEDULE A — CASH CONTRIBUTIONS — STATEMENT 4

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
CHRISTOPHER COLUMBUS HIGH SCHOOL		50.	
CHURCH OF THE LITTLE FLOWER		265.	
SUBTOTALS		315.	
TOTAL TO SCHEDULE A, LINE 16			315.

SCHEDULE C — GROSS RECEIPTS — STATEMENT 5

DESCRIPTION	AMOUNT
ZURICH AMERICAN INSURANCE COMPANY - FROM 1099-MISC	1,000.
PEPSICO INC - FROM 1099-MISC	1,500.
DAYTONA INTERNATIONAL SPEEDWAY LLC - FROM 1099-MISC	1,000.
USAA FEDERAL SAVINGS BANK - FROM 1099-MISC	1,000.
TOTAL TO SCHEDULE C, LINE 1	4,500.

SCHEDULE C — OTHER COSTS OF GOODS SOLD — STATEMENT 6

DESCRIPTION	AMOUNT
1099'S ISSUED TO DANIEL PEREZ'S SOCIAL SECURITY NUMBER INCORRECTLY. THESE 1099S ARE IN FACT CONTRIBUTIONS TO A FLORIDA STATE CAMPAIGN, THAT IS NOT SUBJECT TO TAXATION, OR FEDERAL FILING. THE AMOUNT IS BACKING OUT THE 1099S.	4,500.
TOTAL TO SCHEDULE C, LINE 39	4,500.

EMPLOYEE W-2 WAGE SUMMARY 2017

0440-M335 100200

COLE SCOTT & KISSANE PA
9150 S DADELAND BLVD STE 1400
MIAMI FL 33156

FEDERAL WITHHOLDING EXEMPTIONS S 0
FL WITHHOLDING EXEMPTIONS S 0

REGULAR WAGES FOR 2017 100956.89

DANIEL A PEREZ
8720 SW 84 ST
MIAMI FL 33173

17364

The chart below indicates your 2017 voluntary payroll adjustments which are included (+), excluded (-), or did not affect (N/A) your federal wages (Box 1) and state wages.

VOLUNTARY ADJUSTMENTS	YTD AMOUNT	FEDERAL WAGES
MED125	895.62	-895.62
DENTAL N70	145.68	-145.68
DENTAL I12	124.48	-124.48
UNITED VIS	45.12	-45.12
VISION DES	23.30	-23.30
ADD EMP	37.68	N/A
SUN LONG T	18.78	N/A
SUN LIFE E	43.60	N/A

PAYROLLS BY PAYCHEX

Copy C, for employees records

Form W-2 Wage and Tax Statement 2017

d Control number 0440-M335 0000001892-100200 Void	c Employer's name, address, and ZIP code COLE SCOTT & KISSANE PA 9150 S DADELAND BLVD STE 1400 MIAMI FL 33156	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer's identification number 65-0792149	a Employee's social security number	1 Wages, tips, other compensation 99722.77	2 Federal income tax withheld 20057.19
13 Statutory employee / Retirement plan / Third-party sick pay		3 Social security wages 99722.77	4 Social security tax withheld 6182.78
12 See instrs. for Box 12 DD 5656.08	14 Other	5 Medicare wages and tips 99722.77	6 Medicare tax withheld 1445.98
e Employee's name, address, and ZIP code DANIEL A PEREZ 8720 SW 84 ST MIAMI FL 33173		7 Social security tips	8 Allocated tips
		10 Dependent care benefits	11 Nonqualified plans
		9 Verification Code fdf6-8b44-428e-ca49	

15 State	Employer's state ID No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

	a Employee's social security number	Payroll organization code	Intradepartment number
		11-21-21-90-116	0000000004

b Employer identification number	1 Wages, tips, other compensation	2 Federal income tax withheld
59 - 6001874	7,372.95	867.89

c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356	7,605.61	471.55
	5 Medicare wages and tips 7,605.61	6 Medicare tax withheld 110.28
	7 Social security tips	10 Dependent care benefits

d Control number	11 Nonqualified plans	12a See instructions for box 12
1316 01/05		DD 2,078.52

e Employee's first name, mi, and last name	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b
DANIEL A PEREZ 8720 SW 84 ST MIAMI, FL 33173	14 Other 125 150.00	12c
		12d
		12e
f Employee's address and ZIP code		

15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** WAGE AND TAX STATEMENT **2017**

OMB No.1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

AA727 Rev. 03/29/2017

FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2017

Please print or type your name, mailing address, agency name and position below:

FOR OFFICE USE ONLY:
PROCESSED
271464

HAND DELIVERED

18 SEP 19 PM 3:58

LAST NAME – FIRST NAME – MIDDLE NAME
Perez, Daniel Anthony

MAILING ADDRESS
8720 SW 84 Street

CITY | ZIP | COUNTY
Miami | 33173 | Miami-Dade

NAME OF AGENCY
Florida House of Representatives

NAME OF OFFICE OR POSITION HELD OR SOUGHT
State Representative, District 116

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

PART A – NET WORTH

Please enter the value of your net worth as of December 31, 2017 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of MAY 31, 20 18 was $ 420,210.15

PART B – ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following if not held for investment purposes: jewelry; collections of stamps, guns and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 25,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ATTACHED STATEMENT 2	$911,142.99
	$936,142.99

PART C – LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHED STATEMENT 2	$482,261.65
	$482,261.65

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	N/A

PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return including all W2s schedules and attachments. Please redact any social security or account numbers before attaching your returns as the law requires these documents be posted to the Commission's website.

☑ I elect to file a copy of my 2017 federal income tax return and all W2's schedules and attachments.
[If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
N/A	N/A	N/A

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person; see instructions on page 5]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A	N/A	N/A

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A	N/A	N/A
ADDRESS OF BUSINESS ENTITY	N/A	N/A	N/A
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A	N/A
POSITION HELD WITH ENTITY	N/A	N/A	N/A
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	N/A	N/A
NATURE OF MY OWNERSHIP INTEREST	N/A	N/A	N/A

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 8TH day of JUNE, 2018 by DANIEL PEREZ.

(Signature of Notary Public - State of Florida)

MARIA LORENZO

(Print, Type or Stamp Commissioned Name of Notary Public)

Maria Lorenzo
Commission # GG 196892
Expires: June 11, 2022
Bonded thru Aaron Notary

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced _____

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, Anthony Fiore, CPA, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

6/8/2018
Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

Daniel Anthony Perez
Form 6 - 2017
Full and Public Disclosure of Financal Interests Attachment

Statement 1 - Assets Individually Valued at Over $1,000

Description of Asset	Value of Asset
Cash - Chase Bank	3,897.54
IRA Retirement Account - AXA Advisors - Blackrock Global Alloc Investor CL A	5,100.85
Personal Residence - 8720 SW 84th St., Miami, FL 33173	900,000.00
NorthWestern Mutual Cash Surrender Value - Life Insurance	2,144.60
Total Assets	911,142.99

Statement 2 - Liabilities in Excess of $1,000

Name and Address of Creditor	Amout of Liability
Mortgage on Personal Home - Regions Mortgage Corp. Residential Lending 2800 Ponce De Leon, 10th Floor, Coral Gable, FL 33134	354,525.80
Student Loan - Department of Eucation Fedloan Servicing P.O. Box 530210, Atlanta, GA 30353	127,735.85
Total Liabilities	482,261.65